PTO/SB/21 (modified)

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0001/210 Rev. 10/95	U.S. Department of Patent and Trade		Application Number	09/910,662			
			Filing Date	July 20, 2001			
TRANSMITTAL FORM			First Named Inventor	Ziya Aral			
(to be used for all correspondence during pendency of filed application)			Group Art Unit Number	2155			
			Examiner Name	Dhairya	A. Patel		
Total Number of Pag	ges in This Submission	4	Attorney Docket Number	61628-05744			
	ENCL	OSURES	(check all that appl	v)	·		
Fee Transmitta	Il Form (in duplicate)		Issue Fee Trans				
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Attorney/Reg. No.: Stuart P. Meyer, Reg. No. 33,426					December/5	, 2004	
	(CERTIFICA	ATE OF MAILING				
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.							
Signature: Signature: M. M. Marine							
Typed or Printed Name: Linda M. McGuire Dated: December /5 , 2004						, 2004	
Express Mail Mailing Number (optional):							

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF E CORRESPONDENCE ADDRESS

Application Number	09/910,662			
Filing Date	July 20, 2001			
First Named Inventor	Ziya Aral			
Group Art Unit	2151			
Examiner Name	Dhairya A. Patel			
Attorney Docket Number	61628-05744			

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P.O.	- VRADEM'								
I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.									
The reasons for this request are:									
The client kno	wingly and fr	eely assents to teri	mination of the em	ployment					
1.	orresponder	nce address is NOT	Γ affected by this w	rithdrawal.	10-11				
2.									
Firm <i>or</i> Individual Nan	ne	Christopher T. Tobin Collier Shannon Scott PLLC							
Address		Washington Harbour, Suite 400							
Address		3050 K Street, NW							
City		Washington		State	D.C.	Zip	20007		
Country		USA							
Telephone		(202) 342-8508		Fax	(202) 365-3515		~ .		
 ☐ This request is made on behalf of myself and ☐ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☐ the attorneys/agents associated with Customer Number									
Name		Stuart P. Meyer							
Signature		Span							
Date		December 5, 2004							
		tive when approve			evniration date of a time				

period for response or possible extension period, the request to withdraw is normally disapproved.